

## Houchins, Karla

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**From:** Park, Emily [Emily.Park@huschblackwell.com]  
**Sent:** Friday, August 21, 2015 1:16 PM  
**To:** Houchins, Karla  
**Cc:** Vaughn, Tom; Wieberg, Alicia  
**Subject:** RE: CON Proposal: #5213 RS: Friendship Village Assisted Living

Karla,

With respect to your question on the cost per square foot, we received the following information from Steve Emmons at Paric:

The proposed new building will be situated very close to MO Hwy 340/Olive Blvd, which is approximately 12' above the existing loop road for the campus. This location requires a significant amount of earth removal and retaining wall work to allow the parking for the new building to be accessed from the existing loop road due to the relatively short distance between Olive Blvd and the loop road. The project team is attempting to keep site grade slopes for sidewalks and drive & parking areas to a minimum. Additionally, the existing campus is in need of additional parking, some of which is being provided for in this new project. This has the impact of enlarging the overall site area, which additionally lends to a premium cost for this site. RS Means Building SF site \$/SF for "Housing for the Elderly" typically ranges on the high side at \$16.24/SF (adjusted for St. Louis – 2014). Site costs for the Friendship Village Assisted Living site are running upwards of \$28/SF (including markup) due to the premiums stated above.

Please let me know if you need any additional information.

Thank you,

**Emily M. Park**  
**Attorney**  
Direct: 573.761.1120  
[Emily.Park@huschblackwell.com](mailto:Emily.Park@huschblackwell.com)

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**From:** Houchins, Karla [mailto:Karla.Houchins@health.mo.gov]  
**Sent:** Friday, August 21, 2015 9:10 AM  
**To:** Park, Emily  
**Subject:** RE: CON Proposal: #5213 RS: Friendship Village Assisted Living

Thank you, Emily.

**Karla Houchins**  
Program Coordinator, Certificate of Need  
Department of Health and Senior Services  
3418 Knipp Drive, P.O. Box 570  
Jefferson City, MO 65102  
573-751-6700  
FAX: 573-751-7894  
EMAIL: [karla.houchins@health.mo.gov](mailto:karla.houchins@health.mo.gov)  
<http://health.mo.gov/information/boards/certificateofneed/index.php>

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# HUSCH BLACKWELL

Thomas D. Vaughn  
Partner

235 East High Street, P.O. Box 1251  
Jefferson City, MO 65102-1251  
Direct: 573.761.1108  
Fax: 573.634.7854  
tom.vaughn@huschblackwell.com

CERTIFICATE OF NEED PROGRAM

AUG 25 2015

RECEIVED

August 24, 2015

VIA HAND DELIVERY

Ms. Karla Houchins  
Missouri Certificate of Need Program  
3418 Knipp Drive  
Jefferson City, MO 65109

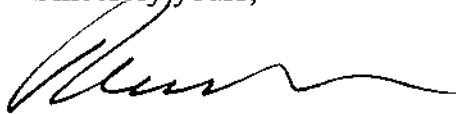
Re: Friendship Village Assisted Living  
CON Project #5213 RS

Dear Ms. Houchins:

Enclosed please find a check payable to Missouri Health Facilities Review Committee in the amount of \$1,401.00. This represents the balance remaining of the application fee for Certificate of Need Project #5213 RS.

Please let me know if you have any questions about this matter.

Sincerely yours,



THOMAS D. VAUGHN

TDV:cst  
Enclosures



## Certificate of Need Program

**REPRESENTATIVE REGISTRATION**

CERTIFICATE OF NEED PROGRAM

AUG 31 2015

(A registration form must be completed for **each** project presented.)

RECEIVED

Project Name Friendship Village Assisted Living	Number 5213 RS
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(Please type or print legibly.)

Name of Representative John E. Bardgett, Jr.	Title President
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Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) John Bardgett & Associates, Inc.	Telephone Number 636-530-9392
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Address (Street/City/State/Zip Code) 16141 Swingley Ridge Road Ste 110 - Chesterfield, MO 63017
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Who's interests are being represented?  
(If more than one, submit a separate Representative Registration Form for each.)

Name of Individual/Agency/Corporation/Organization being Represented Friendship Village of West County	Telephone Number 573-733-0151
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Address (Street/City/State/Zip Code) 15201 Olive Boulevard, Chesterfield, MO 63017
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Check one. Do you:

- ☒ Support  
☐ Oppose  
☐ Neutral

Relationship to Project:

- ☐ None  
☐ Employee  
☐ Legal Counsel  
☐ Consultant  
☒ Lobbyist  
☐ Other (explain):

Other Information:

I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: *Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in §105.478, RSMo.*

Original Signature

Date

8/31/2015